STATE OF WYOMING)	IN THE DISTRICT COURT			
COUNTY OF) ss _)	JUDICIAL DISTRICT			
Petitioner:		Civil Action Case No			
(Print name of person filing))				
VS.)	SUMMONS			
Respondent:(Print name of other party))				
(Print name of other party)					
To the above named Respondent: Print Respondent's Name: Home Address: Phone: Employer Name & Address:					
Petitioner or Petitioner's attorney in Visitation, and Child Support ("Petition of this Summons upon you, exclusive state of Wyoming, you are required	f s/he has on fon") which is e of the day of to file and se exclusive of the	required to file with the Clerk and serve upon the e, a <i>Response</i> to the <i>Petition to Establish Custody</i> , herewith served upon you, within 20 days after service f service. (If service upon you is made outside of the erve your answer to the <i>Petition</i> within 30 days after the day of service.) If you fail to do so, judgment by anded in the <i>Petition</i> .			
Dated	, 20)			
(Seal of District Court)					
		Clerk of Court			
	•	v:eputy Clerk			
Petitioner's Name					
Address					
Phone Number					

STOP: SHERIFF WILL FILL THIS OUT (Attach to Summons)

RETURN

STATE OF WY	OMING)						
	OTY OF) ss TO BE USED BY WYOMING SHERIFF, UNDER SHERIFF OR DEPUTY							
Ι,		L - C4-4 C		_, Sh	eriff in ar	nd for said Coceived the within	ounty of	
Confidential Star	copy of the Poute in the Count of the same	Parties for y aforesaid e, together	Child Support on the with a copy of	ly, Visit Order f day of the F	fation, and Ci filed in the above of Petition and C	ove entitled matter,	<i>tion")</i> and and that I) by	
				By:	Sheriff			
Sheriff's fees:	Service,	\$; Return	•	Deputy She	riff		
	Mileage	\$; Total	\$				
		AF	FIDAVIT OF	SERV	<u>ICE</u>			
STATE OFCOUNTY OF _		_)	SHERIFF, U	JNDER	SHERIFF O			
service of said	Summons in by of the same	ot a party to the County , together v	o the foregoing y aforesaid on with a copy of	g action the _ the <i>Pet</i>	or interested day of ition to Estab	th deposes and say I therein, and that f, 20 lish Custody, Visit rder, to:	s/he made 0, by	
Name:								
Address:								
				By:				
Subscri	bed and sworn	to before n	ne this	da	y of	, 20		
My Commission	. Evniras:		Notaria	l Office	er			

My Commission Expires:

Summons July 2014 Page 2 of 2